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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

138

State File No. 16744
Registered No. _____

1. PLACE OF BIRTH			
County <u>Gila</u>		State <u>Arizona</u>	
District or Township <u>"Chilito Camp"</u>		or Village _____	
City <u>Hayden</u>		No. _____ St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Angel Ortiz</u>			
(If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?
<u>Male</u>			<u>Yes</u>
7. Date of birth <u>Aug 2, 1917</u>		5. No., in order of birth _____	
Month Day Year			
FATHER		MOTHER	
8. Full name <u>Juan V. Ortiz</u>		14. Full maiden name <u>Maria Quidera</u>	
9. Residence <u>Chilito Camp</u> (Usual place of abode) <u>Hayden, Arizona</u> If non-resident, give place and state.		15. Residence <u>Chilito Camp</u> (Usual place of abode) <u>Hayden, Arizona</u> If non-resident, give place and state.	
10. Color or race	11. Age at last birthday <u>20</u> (Years)	16. Color or race	17. Age at last birthday <u>19</u> (Years)
<u>Mexican</u>		<u>Mexican</u>	
12. Birthplace (city or place) <u>Zacatecas, Mexico</u> (State or country)		18. Birthplace (city or place) <u>Fronteras,</u> (State or country) <u>Sonora, Mexico</u>	
13. Occupation <u>Miner</u> Nature of industry <u>Copper Mine</u>		19. Occupation <u>Housewife</u> Nature of industry _____	
20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>no</u>	
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at <u>8:00</u> A. M. on the date above stated.			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Juan V. Ortiz</u> <u>Father</u>	
		(Physician or midwife)	
Given name added from supplemental report <u>169-802-481</u>		Address <u>Hayden, Arizona</u>	
Month, day, year		Filed <u>July 1st</u> 19 <u>29</u>	
Registrar _____		Registrar <u>M. B. D...</u>	